Annexure III

DBS Live more, Bank less

Declaration from the Nominee, Claimant

To

The Manager

DBS Bank India Limited

_____ Branch

Date: D D M M Y Y Y Y

Deceased claim settlement: _____ (name of deceased)

Dear Sir,

This is to inform you that Mr/Mrs _____ (name of deceased) passed away on _____ (date of death). He/she was holding the following mentioned account with DBS Bank India Limited, _____ branch.

Account Number: | | | | | | | | | | | | |

I/we are aware that I/we would be receiving the payment from the bank as a trustee of the legal heirs of the deceased depositor, i.e., such payment to me shall not affect the right or claim which any person may have against myself, to whom the payment is made.

Thanking You

Yours Sincerely

Signature/s

Name: _____(Name of Nominee/claimant)